

**North Dakota Public Employees Retirement System (NDPERS)  
Dakota Retiree Plan  
Opt-Out Notice**

**Attention: NDPERS Service Unit**

Dear NDPERS Service Unit Representative:

This letter is to inform you that I have elected to Opt-Out of the Medicare Part D group prescription drug plan included in the pharmacy benefits provided under my NDPERS Dakota Retiree Plan and fully described in the Opt-Out letter and Summary of Benefits that have been sent to me.

**In choosing to Opt-Out of the NDPERS group prescription drug plan, I understand that I am no longer eligible for health or prescription drug coverage under the NDPERS Dakota Retiree Plan.**

I further understand that Blue Cross Blue Shield of North Dakota will use this Opt-Out notice to exclude me from automatic enrollment into Medicare Part D through my group prescription drug plan and will provide a copy of this Opt-Out Notice to NDPERS to initiate disenrollment from my health plan coverage provided under the NDPERS Dakota Retiree Plan.

This Opt-Out Notice is effective January 1, 2006.

Signed,

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(Signature)

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(Date)

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(Benefit Plan Number)

Please mail to: NDPERS Service Center  
Blue Cross Blue Shield of North Dakota  
4510 13<sup>th</sup> Avenue S  
Fargo, ND 58121-0001